



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) Tsujimura	(First) Rick	(Middle)	TELEPHONE 521-9500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17 <sup>th</sup> Floor			FAX 541-9050
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Imanaka Kudo & Fujimoto			TELEPHONE 521-9500
MAILING ADDRESS (Street) 745 Fort Street Mall			FAX 541-9050
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Biotechnology Industry Organization			TELEPHONE (202) 962-9513
MAILING ADDRESS (Street) 1225 Eye Street, NW, Suite 400			FAX (202) 962-9201
(City) Washington	(State) D.C.	(Zip Code) 20005	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Ab Basu			TELEPHONE (202) 962-9513
MAILING ADDRESS (Street) 1225 Eye Street, NW, Suite 400			FAX (202) 962-9201
(City) Washington	(State) D.C.	(Zip Code) 20005	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

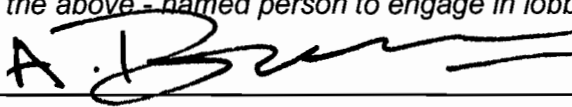
**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date) 2/14/06

**PART V AUTHORIZATION TO LOBBY**

NAME Ab Basu		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, State Government Relations	
NAME OF ORGANIZATION (if applicable) Biotechnology Industry Organization		TELEPHONE (202) 962-9513	
MAILING ADDRESS (Street) 1225 Eye Street, NW, Suite 400		FAX (202) 962-9201	
(City) Washington	(State) D.C.	(Zip Code) 20005	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
		2/15/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	